

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.
10699517
APPLICANT(S)

FILING DATE
10-31-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	2					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	2					
21	/					
22	/					
23	/					
24	/					
25	2					
26	4					
27	/					
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	5					
37	5					
38	5					
39	5					
40	5					
41	1					
42	/					
43	/					
44	1					
45	2					
46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.	7					
TOTAL DEP.	101					
TOTAL CLAIMS	108					

	IND	DEP	IND	DEP	IND	DEP
51		2				
52		2				
53		2				
54		2				
55		2				
56	/					
57	/					
58	/					
59	/					
60	/					
61	/					
62	/					
63	/					
64	/					
65	/					
66	/					
67	/					
68	5					
69	/					
70	/					
71	/					
72						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						